

(Please print or type)

LAST

FIRST

MIDDLE

STREET

CITY

STATE

ZIP

Home Phone

Work Phone

Social Security Number

Service Number

Branch of Service

Date Entered Service

Discharge Date

(MM / DD / YYYY)

(MM / DD / YYYY)

Type of Discharge

Highest Rank

Veterans Date of Birth

(MM / DD / YYYY)

Spouse's Name

Spouse's Date of Birth

Spouse's Social Security Number

(MM / DD / YYYY)

Signature of veteran/spouse or next of kin

Relationship to veteran

Please mail completed form along with a copy of your DD-214

discharge certificate and marriage license (if married)

(scanned documents are accepted) to:

Arkansas State Veterans Cemetery

1501 W. Maryland Avenue

North Little Rock, Arkansas 72120

If you have additional questions please contact us at (501) 683-2259 or Fax: (501) 992-0162

Email: diana.roe@arkansas.gov

Additional information may be found on our web site at www.veterans.arkansas.gov